

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

09/832 981

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 28            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 28 minus 20 = | 8                        |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|------------------------------------|--------------------------|
| Total  | 28                               | Minus                              | 28                       |
| Independent                                    | 4                                | Minus                              | 4                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

SMALL ENTITY TYPE  OR OTHER THAN SMALL ENTITY

| RATE      | FEES  | RATE         | FEES  |
|-----------|-------|--------------|-------|
| BASIC FEE | \$395 | OR BASIC FEE | \$795 |
| X50       |       | OR X100      |       |
| X100      |       | OR X200      |       |
| X200      |       | OR X400      |       |
| TOTAL     |       | OR TOTAL     |       |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X50             |                | OR X100            |                |
| X100            |                | OR X200            |                |
| 150             |                | OR 300             |                |
| +140            |                | +200               |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

BEST AVAILABLE COPY

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|------------------------------------|--------------------------|
| Total  | 28                               | Minus                              | 28                       |
| Independent                                    | 4                                | Minus                              | 4                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X50             |                | OR X100            |                |
| X100            |                | OR X200            |                |
| 150             |                | OR 300             |                |
| +140            |                | +200               |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|------------------------------------|--------------------------|
| Total  | 23                               | Minus                              | 28                       |
| Independent                                    | 4                                | Minus                              | 9                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X50             |                | OR X100            |                |
| X100            |                | OR X200            |                |
| 150             |                | OR 300             |                |
| +140            |                | +200               |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" Total is Independent + the highest number listed in column 1.